

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	M.K.	1104	11/15/01
RESPONSE FORMALITY REVIEW	K	1079	05-03-02
	178	1127	07/30/07

INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected  
 ✓ \_\_\_\_\_ Allowed  
 - (Through numeral) Canceled  
 + \_\_\_\_\_ Restricted  
 N \_\_\_\_\_ Non-elected  
 I \_\_\_\_\_ Interference  
 A \_\_\_\_\_ Appeal  
 O \_\_\_\_\_ Objected

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Claim	Fixed	Original	Date
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If more than 150 claims or 10 actions  
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Best Available Copy

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